

4

Attorney's Docket No.: 10284-018001
Client's Ref. No.: MGH 1571.0

COMBINED DECLARATION AND POWER OF ATTORNEY

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled PHOTOCHEMICAL TISSUE BONDING, the specification of which:

- ☐ is attached hereto.
☒ was filed on February 12, 2001 as Application Serial No. 09/781,577 and was amended on _____
☐ was described and claimed in PCT International Application No. _____ filed on _____ and as amended under PCT Article 19 on _____.

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose all information I know to be material to patentability in accordance with Title 37, Code of Federal Regulations, §1.56.

I hereby claim the benefit under Title 35, United States Code, §119(e)(1) of any United States provisional application(s) listed below:

<u>U.S. Serial No.</u>	<u>Filing Date</u>	<u>Status</u>
60/181,980	February 11, 2000	Expired

I hereby appoint the following attorneys and/or agents to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith:

P. Louis Myers, Reg. No. 35,965
Timothy A. French, Reg. No. 30,175

Laurie Butler Lawrence, Reg. No. 46,593
Diana M. Collazo, Reg. No. 46,635

Address all telephone calls to Louis Myers at telephone number (617) 542-5070.

Address all correspondence to Louis Myers at:

FISH & RICHARDSON P.C.
225 Franklin Street
Boston, MA 02110-2804

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patents issued thereon.

Combined Declaration and Power of Attorney

Page 2 of 2 Pages

Full Name of Inventor: IRENE E. KOCHEVAR

Inventor's Signature: _____

Residence Address:

Citizenship:

Post Office Address:

Charlestown, MA

US

17 Monument Square

Charlestown, MA 02129

Date: _____

June 15, 2001

Full Name of Inventor: ROBERT W. REDMOND

Inventor's Signature: _____

Residence Address:

Citizenship:

Post Office Address:

West Newton, MA

177 Derby Street

West Newton MA 02465

Date: _____

Full Name of Inventor: DIMITRI AZAR

Inventor's Signature: _____

Residence Address:

Citizenship:

Post Office Address:

Brookline, MA

Lebanon

271 Clinton Road

Brookline, MA 02445

Date: _____

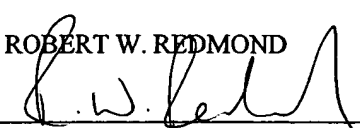
Combined Declaration and Power of Attorney

Page 2 of 2 Pages

Full Name of Inventor: IRENE E. KOICHEVAR

Inventor's Signature: _____ Date: _____
Residence Address: Charlestown, MA
Citizenship: US
Post Office Address: 17 Monument Square
Charlestown, MA 02129

Full Name of Inventor: ROBERT W. REDMOND

Inventor's Signature:  _____ Date: Aug 13, 2001
Residence Address: West Newton, MA
Citizenship:
Post Office Address: 177 Derby Street
West Newton MA 02465

Full Name of Inventor: DIMITRI AZAR

Inventor's Signature: _____ Date: _____
Residence Address: Brookline, MA
Citizenship: Lebanon
Post Office Address: 271 Clinton Road
Brookline, MA 02445

Combined Declaration and Power of Attorney

Page 2 of 2 Pages

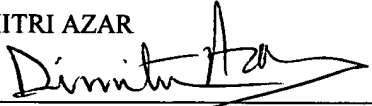
Full Name of Inventor: IRENE E. KOCHVAR

Inventor's Signature: _____ Date: _____
Residence Address: Charlestown, MA
Citizenship: US
Post Office Address: 17 Monument Square
Charlestown, MA 02129

Full Name of Inventor: ROBERT W. REDMOND

Inventor's Signature: _____ Date: _____
Residence Address: West Newton, MA
Citizenship:
Post Office Address: 177 Derby Street
West Newton MA 02465

Full Name of Inventor: DIMITRI AZAR

Inventor's Signature:  _____ Date: 6/21/2001
Residence Address: Brookline, MA
Citizenship: Lebanon
Post Office Address: 271 Clinton Road
Brookline, MA 02445